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MS 16

PATENT

0837-0180PUS1

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: Halina MILLER-PODRAZA et al. Conf.: 6363
Appl. No.: 10/501,786 Group: 1645
Filed: July 19, 2004 Examiner:
For: NOVEL BINDING EPITOPES FOR HELICOBACTER PYLORI AND USE
THEREOF
ATTN: REFUND SECTION
ACCOUNTING DIVISION
OFFICE OF FINANCE

REQUEST FOR REFUND
(Improper Charge of Deposit Account)

MS 16

Director of the U.S. Patent
and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

October 19, 2004

Sir:

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account
02-2448.

Docket No. 0837-0180PUS1

II. FEES CHARGED FOR WHICH REFUND REQUESTED

	<u>AMOUNT OF REFUND REQUESTED</u>
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> extension of term	
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input checked="" type="checkbox"/> excess claims	<u>1456.00</u>
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____
<input type="checkbox"/> patent maintenance fee	
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> patent maintenance fee surcharge	_____
<input type="checkbox"/> Other: _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL REFUND REQUESTED	_____
_____	_____
_____	_____

Docket No. 0837-0180PUS1

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The claim count in the present application, as filed, was in error. The claim count was calculated as 77 total claims and 10 independent claims, and a payment of \$ 1918.00 was accordingly made for the excess claims. However, upon further consideration, it was discovered that the claims were in improper multiple-dependent format, which improper format was not considered when the claim fee was calculated. In a Preliminary Amendment submitted on even date, the improper claims are canceled, and new claims 68-83 are added. The total claim fee for these claims is \$ 462.00. Thus, Applicants respectfully request that a total of \$1456.00 (i.e., \$1918.00-\$462.00) be refunded to Applicants.

IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By Gerald M. Murphy, Jr., #28,977
for Gerald M. Murphy, Jr., #28,977

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GMM/KLR:gmh
 0837-0180PUS1

Attachment(s)

Certificate of Transmission
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